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23935 7590 04/12/2005

KOPPEL, JACOBS, PATRICK & HEYBL  
555 ST. CHARLES DRIVE  
SUITE 107

05/03/2005 AKELECH2 00000047 09770543

01-FC:1501 1400.00 OP  
02-FC:1504 300.00 OP  
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Eleanor Nakada	(Depositor's name)
<i>E. Nakada</i>	(Signature)
4-28-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/770,543	01/26/2001	Jonathan M. Audy	A8SC1669US	6791

TITLE OF INVENTION: DIGITAL BLANKING CIRCUIT

05/03/2005 AKELECH2 00000047 09770543

01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP  
03 FC:8001 30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/12/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHU, PHUONG M	2631	375-351000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Koppel, Jacobs, Patrick & Heybl  
1  
2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Analog Devices, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Norwood, MA 02062

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 11-1580 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Steven C. Patrick*  
Typed or printed name Steven C. Patrick

Date 4-28-05  
Registration No. 40,341

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